

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 64

Reg. Dist.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
 age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:							
COUNTY	Caroline	MARYLAND	STATE Maryland COUNTY Caroline						
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN						
X Federalburg		Lite	Federalburg						
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS							
Brooklyn Avenue		(If rural, give location)							
3. NAME OF DECEASED: (Type or Print)		(First) Thomas	(Middle) George						
		(Last) Orem	Chase						
4. DATE OF DEATH		(Month) April	(Day) 21	(Year) 1955					
5. SEX: Male		6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: Sept. 22, 1917	9. AGE last birthday: 37 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repair Shop		11. BIRTHPLACE (State or foreign country): Federalburg, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: George W. Chase		14. MOTHER'S MAIDEN NAME: Bertha Webb							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: Unknown		17. INFORMANT & ADDRESS: Bertha E. Prattis, Federalburg, Maryland					
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <div style="display: flex; align-items: center;"> 4222 Myositis 2 Lm— </div>									
Immediate cause (a) DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) Pulmonary Disease.									
INTERVAL BETWEEN ONSET AND DEATH									
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)		21c. (City or town) (County)		(State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .									
SIGNATURE <i>Johnson George</i> CHIEF MEDICAL EXAMINER <input type="checkbox"/> M. D. DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/> DATE SIGNED <i>23</i>									
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF April 24, 1955		NAME OF CEMETERY OR CREMATORIAL Federal Hill Cemetery		LOCATION (City, town, or county) Federalburg, Maryland (State)			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Margaret H. Frampton</i>		24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalburg, Md.		ADDRESS			
April 23, 1955									

BUREAU V. S.

MAY 4 1955

RECEIVED

3518

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN Bethlehem

8 Yrs

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

(First) William Richard

(Middle) (Last) Christopher

5. SEX:
Male6. COLOR OR
RACE: White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

(Specify): Married

8. DATE OF BIRTH:
October 8, 18739. AGE last birthday
81 yrs.10. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Bridge Tender-Talbot County10B. KIND OF BUSINESS
OR INDUSTRY: Talbot County, Md.

11. BIRTHPLACE (State or foreign country): Talbot County, Md.

12. CITIZEN OF WHAT
COUNTRY? U. S. A.

13. FATHER'S NAME:

Isaiah Christopher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) No

16. SOCIAL SECURITY NO. None

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)
DUE TO

Acute Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSE (S)

(B)
DUE TO

Coronary Intense Sclerosis

10 yrs

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(C)
DUE TO

Cerebral Arteriosclerosis

20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

None

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1951, to 4/1, 1955, that I last saw the deceased
alive on 4/1, 1955, and that death occurred at 840 P.M. from the causes and on the date stated above.
SIGNATURE: *Andy Plummers* ADDRESS: *Preston 8401 1/2* DATE SIGNED: *4/5/55*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REGISTRAR

4-5-55

REGISTRAR'S SIGNATURE

Cornelius D. Plummers

24. FUNERAL DIRECTOR

ADDRESS: J. J. Frampton and Son, Federalsburg

BUREAU V. S

APR 11 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803507
3519

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Greensboro			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro STREET ADDRESS (If rural give location) None		
3. NAME OF DECEASED: (First) Emory (Middle) Claude (Last) Conner (Type or Print)			4. DATE (Month) (Day) (Year) OF DEATH: 4 4 55 19		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, M(Specify) Married	8. DATE OF BIRTH: 1/12/1894	9. AGE last birthday: 61 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if any)			10B. KIND OF BUSINESS OR INDUSTRY: None		
Retired Farm Owner			11. BIRTHPLACE (State or foreign country): Maryland		
13. FATHER'S NAME: Richard Conner			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes			16. SOCIAL SECURITY NO. 194-22-7943		
17. INFORMANT & ADDRESS: Helen Conner Greensboro, Md.			18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 200.1 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			(A) DUE TO <i>lymphosarcoma</i> (B) DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Aug. 8, 1953</i> , to <i>April 4, 1955</i> , that I last saw the deceased alive on <i>April 3, 1955</i> , and that death occurred at <i>2:25 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Charles W. Hanesfer</i> ADDRESS <i>Greensboro, Md. April 5, 1955</i> M.D.					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			NAME OF CEMETERY OR CREMATORIAL Greensboro		
DATE REC'D BY LOCAL REGISTRAR <i>Apr. 6, 1955</i>			LOCATION (City, town, or county) (State) Greensboro, Md.		
REGISTRAR'S SIGNATURE <i>L. Max Peppin</i>			4. FUNERAL DIRECTOR ADDRESS <i>J. E. Boulaire Greensboro, Md.</i>		

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BUREAU V. S.

APR 11 1965

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Denton - RuralLENGTH OF STAY
(In this place)
LiteHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Pinetown

3. NAME OF
DECEASED:
(Type or Print)

Edward

(First) (Middle)

William

(Last)

Dickerson

4. DATE
OF
DEATH
April 16 19555. SEX:
Male6. COLOR OR
RACE:
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married8. DATE OF BIRTH:
October 15, 19009. AGE last birthday:
54 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Day Laborer10b. KIND OF BUSINESS OR
INDUSTRY:
Farm11. BIRTHPLACE (State or foreign country):
Caroline Co., Maryland12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

No data available

14. MOTHER'S MAIDEN NAME:

Alice Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.:
218-10-7398

17. INFORMANT & ADDRESS:

Mary E. Thompson, Atlantic City, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

825X
Immediate cause(a)
DUE TOINTERVAL BETWEEN
ONSET AND DEATH
immediate

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)External injuries
Crushed ChestII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING OF
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office, bldg., etc.,
INJURY *Holiday Inn*

21c. (City or town) (County)

(State)

Baltimore County No

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 4 16-55 3:30 P.M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

automobile accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

23. BURIAL, CREMATION,
REMOVAL (Specify):
BurialDATE THEREOF NAME OF CEMETERY OR CREMATORIAL
April 21, 1955 St. Paul Cemetery

LOCATION (City, town, or county) (State)

Near Federalsburg, Md.

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/21/55

M. A. George

J. J. Frampton and Son, Federalsburg, Md.

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BUREAU V. S.

APR 26 1955

3521

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY

Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

Denton

LENGTH OF STAY
(in this place)

2 yrs

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Maryland

COUNTY

Caroline

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

Denton, Md.

(If rural give location)

STREET
ADDRESS3. NAME OF
DECEASED:
(Type or Print)(First)
Margaret(Middle)
Newton(Last)
Henderson4. DATE
OF
DEATH:Apr. 20
1955

5. SEX:

7

6. COLOR OR
RACE:

W 5

SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):

Widowed

7. DATE OF BIRTH:

Jan. 29, 1874

9. AGE last birthday

81

10. IF UNDER 1 YEAR

yrs.

11. IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of
work done during most of working life,
even if retired:

missionary

10b. KIND OF BUSINESS OR
INDUSTRY:

Africa

11. BIRTHPLACE (State or foreign country):

England

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Thomas G. Newton

14. MOTHER'S MAIDEN NAME:

Frances Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.)(If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

Mrs. M. Sutton Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422,2
Immediate cause

(a) DUE TO

Myocarditis Chronic

Interval Between
Onset And Death

4 mos

Antecedent causes (s)
Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last.

(b) DUE TO

Cerebral Hemorrhage

2 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
or office bldg., etc.)
OF
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at
Work Not While
At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1955, to Apr. 20, 1955, that I last saw the deceased

alive on Apr. 18, 1955, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. FUNERAL, CREMATION, DATE THEREOF
REMOVAL (Specify)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR

DATE THEREOF

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORIUM

REGISTRAR'S SIGNATURE

LOCATION (City, town, or county) (State)

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR

NAME OF CEMETERY OR CREMATORIUM

REGISTRAR'S SIGNATURE

LOCATION (City, town, or county) (State)

REGISTRAR'S SIGNATURE

BUREAU V. S

APR 26 1955

RECEIVED

3522

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Greensboro

LENGTH OF STAY
(in this place)

72 Yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

None

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

Mary Emily Howard

5. SEX:

6. COLOR OR
RACE:

Female

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

Married

8. DATE OF BIRTH:

6/22/1882

9. AGE last birthday

72

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HRS.

Days

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.)

Housewife

10B. KIND OF BUSINESS
OR INDUSTRY:

None

11. BIRTHPLACE (State or foreign country):

Delaware

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Robert Hopkins

14. MOTHER'S MAIDEN NAME:

Louise Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Frank Howard Greensboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE

(A)

DUE TO

AdenoCarcinoma of Breast

ANTECEDENT CAUSE (S)

(B)

DUE TO

Generalized Metastasis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Dysfunctional Cardiovascular Disease

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

17/7/53

Rt. Radical Mastectomy. Carcinoma of Breast

INTERVAL BETWEEN
ONSET AND DEATH21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?YES NO

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

White Not white M. at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Apr. 17 1955, that I last saw the deceased

alive on April 17, 1955, and that death occurred at 4:10 A.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

4/20/55

NAME OF CEMETERY OR CREMATORI

Greensboro

LOCATION (City, town, or county) (State)

Greensboro, Md.

DATE REC'D BY LOCAL
REGISTRAR

Apr 20 - 1955

REGISTRAR'S SIGNATURE

L. M. Pippings

4. FUNERAL DIRECTOR

J. E. Boulaes

ADDRESS

Greensboro, Md.

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BUREAU V. S.

APR 25 1955

MARYLAND STATE DEPARTMENT OF HEALTH

03511

3523

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Caroline		MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Greensboro		LENGTH OF STAY (In this place) 99 yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
None		None	
3. NAME OF DECEASED (Type or Print)	(First) Wilbert	(Middle)	(Last) Mc Knatt
4. DATE OF DEATH	(Month) 4	(Day) 8	(Year) 55
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	White	Widowed	1/13/1876
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
79	None	Delaware	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John McKnatt	Mary Dill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No	16. SOCIAL SECURITY No. 218-20-4119		
17. INFORMANT AND ADDRESS Laura Truitt Queen Anne, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause

(a)

Coronary atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

few weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

Coronary atherosclerosis

?

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Name, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
---	--	-----------------------

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORI	LOCATION (City, town, or county)	(State)
Burial	4/12/55	Greensboro	Greensboro	Md.

DATE REC'D BY LOCAL REG.	REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 12-1955		L. M. Poppin	J. E. Boulaire	Greensboro, Md.

BUREAU V. S.

APR 18 1965

RECEIVED

3524

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS <u>Denton</u> (If rural give location) <u>Ind.</u>	
3. NAME OF DECEASED: (First) <u>ANNA</u> (Middle) <u>J.</u> (Last) <u>NORRIS</u> (Type or Print)		4. DATE OF DEATH: (Month) <u>APR</u> (Day) <u>22</u> (Year) <u>1955</u>	
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>Nov. 16, 1877</u>
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
13. FATHER'S NAME: <u>Henry Wright</u>		14. MOTHER'S MAIDEN NAME: <u>Laura Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.: <u>1</u> - <u>2</u> - <u>3</u>	17. INFORMANT & ADDRESS: <u>Mrs. Norris Denton Ind.</u>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> Immediate cause (a) DUE TO <u>Cerebral Hemorrhage</u> Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO <u>Arteriosclerotic Cardiovascular Disease</u> (c)			
Interval Between Onset And Death			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>19</u> to <u>22</u> , 19 <u>55</u> , that I last saw the deceased <u>alive on Apr. 22, 1955</u> , and that death occurred at <u>Queensboro Md.</u> from the causes and on the date stated above. SIGNATURE <u>Charles H. Stoenfle</u> (Degree or title) <u>Ind.</u> ADDRESS <u>Queensboro Md. Apr. 23 1955</u> DATE SIGNED <u>Ind.</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Apr. 25, 1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Denton</u>	LOCATION (City, town, or county) (State) <u>Denton, Ind.</u>
DATE REC'D BY LOCAL REGISTRAR <u>4/25/55</u>	REGISTRAR'S SIGNATURE <u>M. D. George</u>	24. FUNERAL DIRECTOR <u>J. Virgin Novotni Denton,</u> ADDRESS	

BUREAU V. S
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APR 26 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN **Federalsburg - Rural**LENGTH OF STAY
(In this place)
11 monthsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Near Friendship

3. NAME OF
DECEASED:
(Type or Print)

(First) William

(Middle) Andrew

(Last) Norris

4. SEX:
Male6. COLOR OR
RACE:
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Married8. DATE OF BIRTH:
January 7, 19174. DATE
OF
DEATH April 9 19559. AGE last birthday:
38 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Day Laborer10b. KIND OF BUSINESS OR
INDUSTRY:
Farm and Factory11. BIRTHPLACE (State or foreign country):
Jacksonville, Florida12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME:

William Norris

14. MOTHER'S MAIDEN NAME:

Caretha Kitchen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) Yes WW II

16. SOCIAL SECURITY NO.: 261-12-5766

17. INFORMANT & ADDRESS:

Claretha M. Norris, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
825 X
Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)INTERVAL BETWEEN
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Fractured Pervical Vertebra few minutes

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURE *Lawson D. George*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

4/19/55

23. BURIAL, CREMATION,
REMOVAL (Specify): Remova 1

DATE THEREOF April 16, 1955 NAME OF CEMETERY OR CREMATORIAL Jacksonville

LOCATION (City, town, or county) (State)
Jacksonville, Florida

DATE REC'D BY LOCAL REG.

REG. APRIL 11, 1955 MARGARET H. FRAMPTON

24. FUNERAL DIRECTOR

ADDRESS

J. J. Frampton and Son, Federalsburg, Md.

BUREAU U. S.

APR 31 1965

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MARYLAND STATE DEPARTMENT OF HEALTH

03514

3526

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>X</u> TOWN <u>Preston</u>		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Preston</u>		STREET ADDRESS (If rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>			STREET ADDRESS <u>1</u>		
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle)	(Last) <u>Philp</u>	4. DATE OF DEATH	(Month) <u>4</u> (Day) <u>5</u> (Year) <u>1922</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/8/1892</u>	9. AGE last birthday <u>62</u> yrs.	If under Months. 1 year Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>	11. BIRTHPLACE (State or foreign country) <u>Scotland</u>	12. CITIZEN OF WHAT COUNTRY <u>Scotland</u>	
13. FATHER'S NAME <u>John Philp</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Sim</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>208-05-7018</u>	17. INFORMANT AND ADDRESS <u>Mrs. Philp Preston, Maryland</u>		

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 Immediate cause (a) <u>Acute Cardiac Lesions</u> Antecedent cause(s) (b) <u>Acute - Subacute Heart Disease.</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>M. H. 194 Melioma Hypertonus Bronc</u>			<u>3 days</u> <u>10 yrs</u> <u>6 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>1/15</u> , 19 <u>52</u> , to <u>4/5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/5</u> , 19 <u>53</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above. SIGNATURE <u>H. M. Hollis</u> ADDRESS <u>Preston, Maryland</u> DATE SIGNED <u>4/7/55</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>4/9/55</u>	NAME OF CEMETERY OR CREMATORIAL <u>J. O. U. A. M.</u>	LOCATION (City, town, or county) (State) <u>Preston Maryland</u>		
DATE REC'D BY LOCAL REG. <u>4-7-55</u>	REGISTRAR'S SIGNATURE <u>Conrad D. Plummer</u>	24. FUNERAL DIRECTOR ADDRESS <u>H. M. Hollis Preston, Maryland</u>			

BUREAU V. S.

APR 11 1955

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CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

COUNTY *Caroline*
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR *Deiton*
 TOWN *Deiton*
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
00

MARYLAND
 LENGTH OF STAY
 (in this place)
35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland* COUNT *Caroline*
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR *Deiton*
 TOWN *Deiton*
 STREET ADDRESS
 (If rural give location)

3. NAME OF
 DECEASED:
 (Type or Print)(First) *JOHN*(Middle) *ALBERT*(Last) *SEESE*4. DATE
 OF
 DEATH: **APR 1 1955**

5. SEX:

*M*6. COLOR OR
 RACE:*W*7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify):*MARRIED*

8. DATE OF BIRTH:

*APR. 12, 1878*9. AGE last birthday:
*76*IF UNDER 1 YEAR
 Months Days Hours Min.
*00 00 00 00*10a. USUAL OCCUPATION. Give kind of
 work done during most of working life,
 even if retired:*Carpenter*10b. KIND OF BUSINESS OR
 INDUSTRY:*Building*

11. BIRTHPLACE (State or foreign country):

*Pennsylvania*12. CITIZEN OF WHAT
 COUNTRY?*USA*

13. FATHER'S NAME:

John Seese

14. MOTHER'S MAIDEN NAME:

*Lucinda Werty*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unk.) (If Yes, give war or dates of
 service)*No*

16. SOCIAL SECURITY NO.:

*17. INFORMANT & ADDRESS:**Mrs. Albert Seese, Denton, Md.*

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause

(a) DUE TO

Coronary Thrombosis

Antecedent causes (s)

Diseases or conditions, if any,
 giving rise to the above cause
 stating the underlying cause last.

(b) DUE TO

Coronary arteriosclerosis

(c)

Interval Between
 Onset And Death
*60 minutes**4 hrs.*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
 related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
 SUICIDE
 HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
 of
 office bldg., etc.)
 INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month)
 OF
 INJURY

(Day)

(Year)

(Hour)

INJURY OCCURRED
 While at
 Work Not While
 At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 28, 1930*, to *April 1, 1955*, that I last saw the deceasedalive on *July 19, 1955*, and that death occurred at *6 A.M.*, from the causes and on the date stated above.
 SIGNATURE *John Throats M.D.* ADDRESS *Deiton, Md.* DATE SIGNED *4-2-55*23. BURIAL, CREMATION, DATE THEREOF
 REMOVAL (Specify)DATE REC'D BY LOCAL
 REGISTRAR

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORIAL

Denton

LOCATION (City, town, or county) (State)

Denton, Md.

24. FUNERAL DIRECTOR

ADDRESS

*Virgil Woods Jr. Denton**4-4-55 (m & o George)*

BUREAU V. S.

APR 11 195

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